



Bexar County Safety Net
Symposium on
Mental Health and Jail Diversion

**Key Concerns for Effective Jail
Diversion
Medical Clearance and Psychiatric
Assessment
PRESENT, PAST and FUTURE**

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The Problem

Our criminal Justice System is the largest public provider of mental health care.

Many if not most, non violent severely mentally ill persons are inappropriately filling our courts, jails, prisons and hospital emergency Rooms.

Resulting in:

- Criminalization of Mentally Ill
- Inappropriate Cost to Society
 - 20% + in jail
 - Increase use of emergency rooms
 - Homelessness
- Public Safety Net
 - Consumers at risk
 - Law Enforcement at risk
 - Public at risk

Risk, Wait Time and Overtime

Police experience potentially higher risk on domestic violence and calls involving persons with mental illness

Police experience delays and long wait times when medical clearance is needed

Alternate solutions or options for placement are limited, therefore Police must resort to "incarceration"

Crisis Care Center

Minor Medical and Crisis Intervention for Law Enforcement

The Present



Crisis Care Center Diversions from Jail and Emergency Rooms

Summary Stats		
	***2006	2007
Psychiatric Crisis Clinic	5,673	4,790
San Antonio PD	1,256	1,287
DMOT/Sheriff	347	282
Path Homeless Program	579	1,315
Magistration	30	129
Facility Total	7,619	6,581
Express Med Stats		
Express Med Clinic (Med Clear)	1,946	1,791
Jail Consults	989	1,690
Cases Requiring Lab and/or X-Ray	630	486

**** Hurricane Katrina*

Crisis Care Center Preliminary DATA (continued)



WAIT TIME for LAW ENFORCEMENT

Then

- Wait times for Medical Clearance/ Screening at UHS ER - 9 hours, 18 minutes.

Wait times for Medical Clearance/ Screening and Psychiatric Evaluation is between 12 and 14 hours.

Now

- The wait time for Medical Clearance/ Screening at the Crisis Care Center is 45 minutes

- Wait time for Medical Clearance/ Screening and Psychiatric Evaluation is 60-65 minutes .

What we didn't know

The Past

The Vision for the Crisis Care Center

The merging of health and
behavioral healthcare.

Current Situation circa 2005



- Medical and Mental Health screenings are obtained, in the main, at emergency rooms:
- University Hospital System: 749 41%
- Methodist System: 402 22%
- CHCS: 237 13%
- Baptist System 182 10%
- San Antonio State Hospital: 109 6%
- Nix: 73 4%
- Laurel Ridge 36 2%
- Other 37 2%
- Total 1825 100%
- Anecdotally we know there is considerable wait time involved before the appropriate screening is obtained.

Current Situation 2005



- In addition to the SAPD other agencies require Medical screenings for emergency detainees, the annual estimate is:
- San Antonio State Hospital: 1,095
- Center for Health Care Services: 730
- Other law enforcement agencies: 730

Current Situation 2005

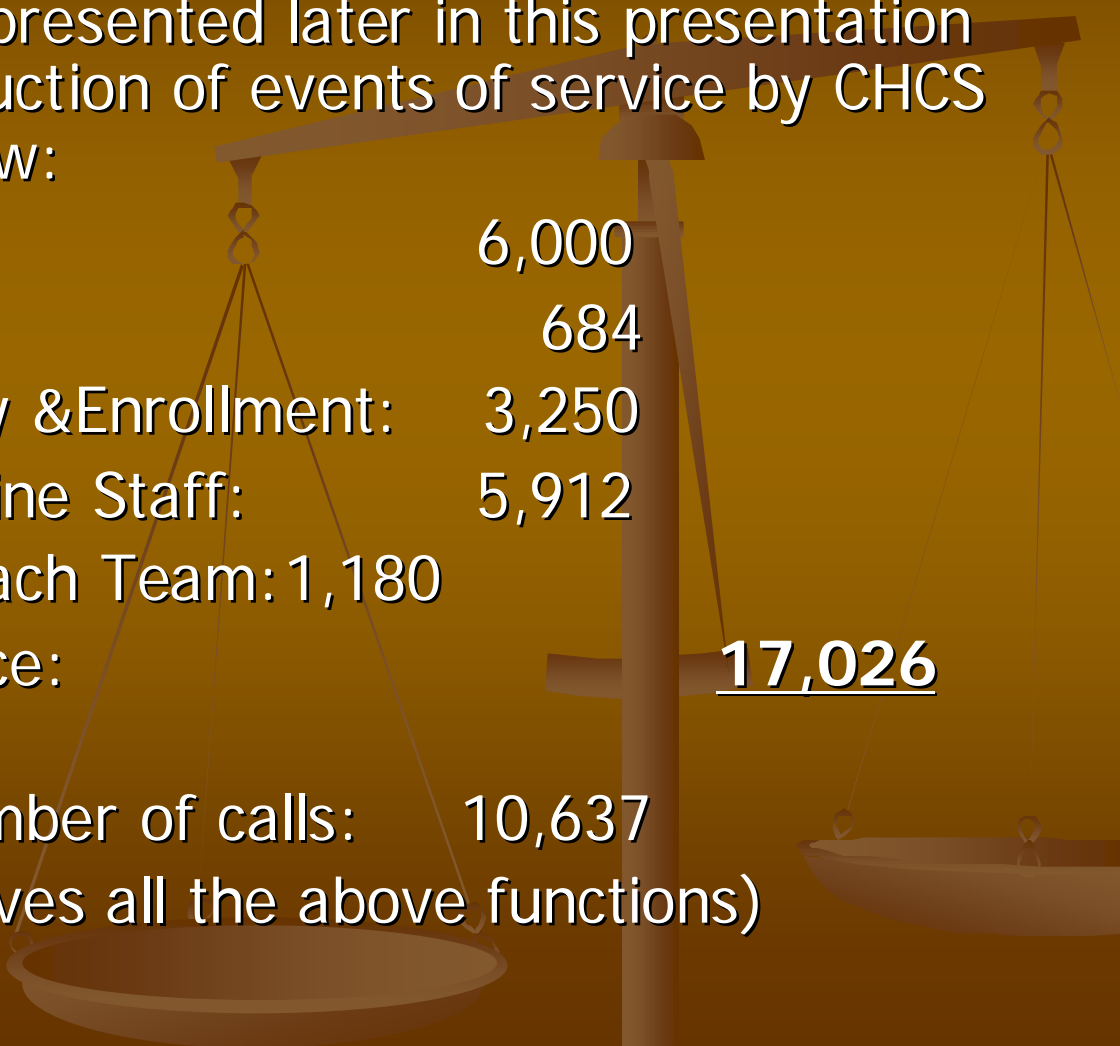
- In addition to medical screenings, agencies require medical care or care for minor injuries for persons under their control. The annual estimate is:
- Magistrates office: 2920
- Correctional Health Care Service: 730
- SAPD: 1460
- Other Law Enforcement: 365
- SASH 365

Current Situation 2005

- The total annual demand for service events (medical screenings and medical care) for these populations is estimated to be:
 - 10,950; or
 - 30 per day

Current Situation 2005

- The budget that will be presented later in this presentation includes annual production of events of service by CHCS functions shown below:



■ Adult Crisis Services:	6,000
■ Child Crisis Services:	684
■ Adult & Child Eligibility & Enrollment:	3,250
■ Jail Diversion Front Line Staff:	5,912
■ Deputy Mobile Outreach Team:	1,180
■ Total Events of Service:	<u>17,026</u>
■ Crisis Help Line – number of calls:	10,637
■ Medical Records (Serves all the above functions)	

Current Situation 2005



UNIVERSITY HEALTH SYSTEM



The Center for Health Care Services

- UHS operated an Urgent Care Clinic 8:00 am to 8:00 pm Monday
- CHCS operated crisis services 24/7 that provides mental health services.

The Vision 2005

- A Crisis Care Center (CCC) operating 24/7 providing medical and mental health screenings with six 23 hour holding beds.
- The CCC would be located at the UHS downtown facility.
- The patient would have a single diagnosis of mentally ill, mentally ill with medical problem, no diagnosis of mental illness but with medical problem. The patient may have a substance abuse diagnosis.

The Vision 2005

- The CCC would accept patient referral from:
- Police departments
- Sheriff's Department
- The County Jail
- Substance abuse providers
- The Community at Large and
- Also by self, friend or guardian for minor medical and mental health services only.

And finally, the vision became.....

The Crisis Care Center

Minor Medical and Crisis Intervention for Law Enforcement

2007



Crisis Care Center

Now in it's 3rd year

But there is more to do :



How We Started

Community Partnership

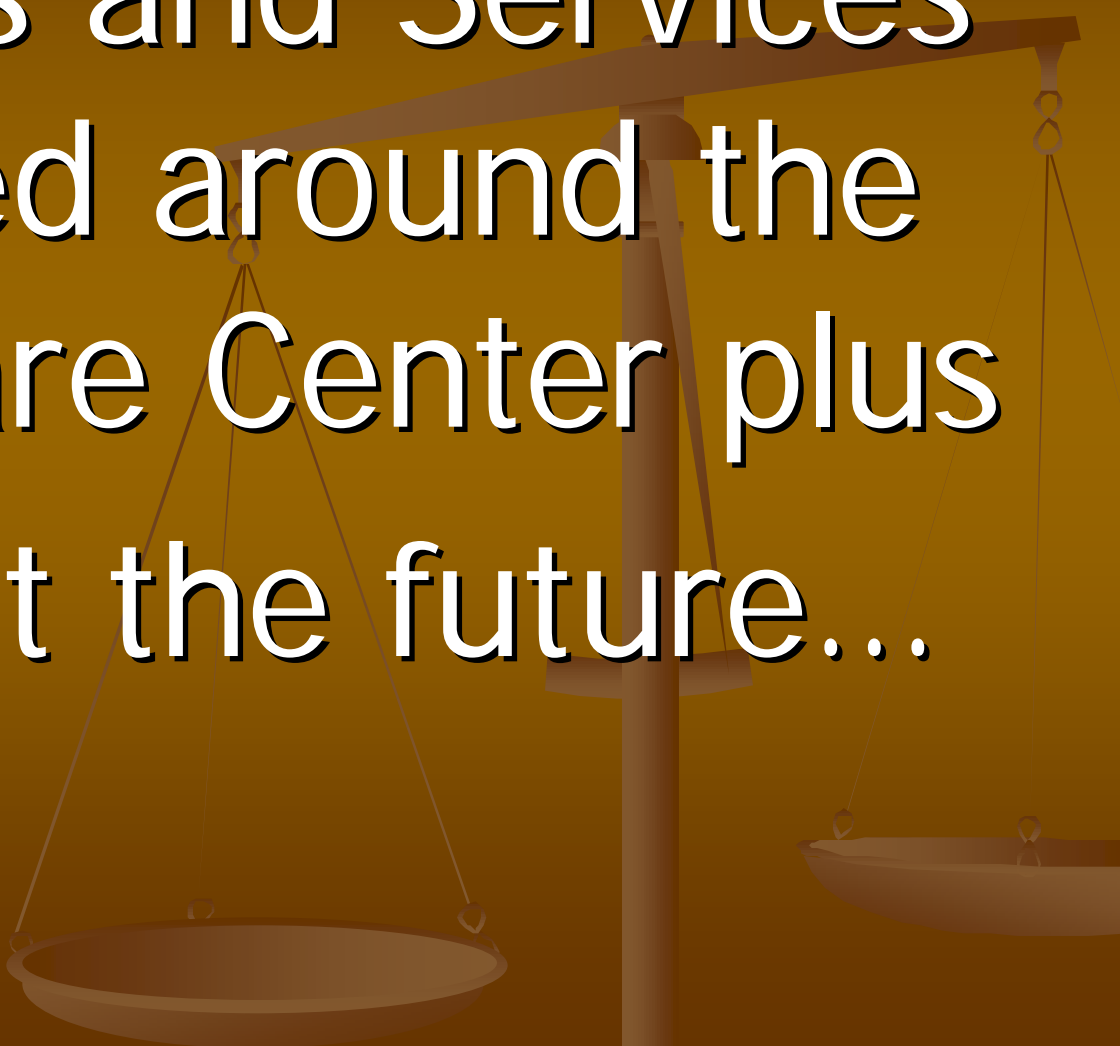
**The Jail Diversion Over-sight
Committee**

**The Jail Diversion Planning
& Advisory Committee**

**Community Medical Directors
Roundtable**

**Private Sponsorship
Aztrazeneca**

City Government
County Government
State Government
University – Local
Private Hospitals
Law Enforcement
Criminal/Civil Courts
Advocacy – NAMI
Consumers
San Antonio State
Hospital
Mental Health Partners



Programs and Services
wrapped around the
Crisis Care Center plus
a peak at the future...

Police Training



The Crisis Intervention Teams (CIT)
Officers trained by Law Enforcement and
Mental Health Personnel via a 40 hour
Curriculum including role play demonstrations.

Law Enforcement Joint Crisis Intervention - Training - SAPD and Deputy Mobile Outreach



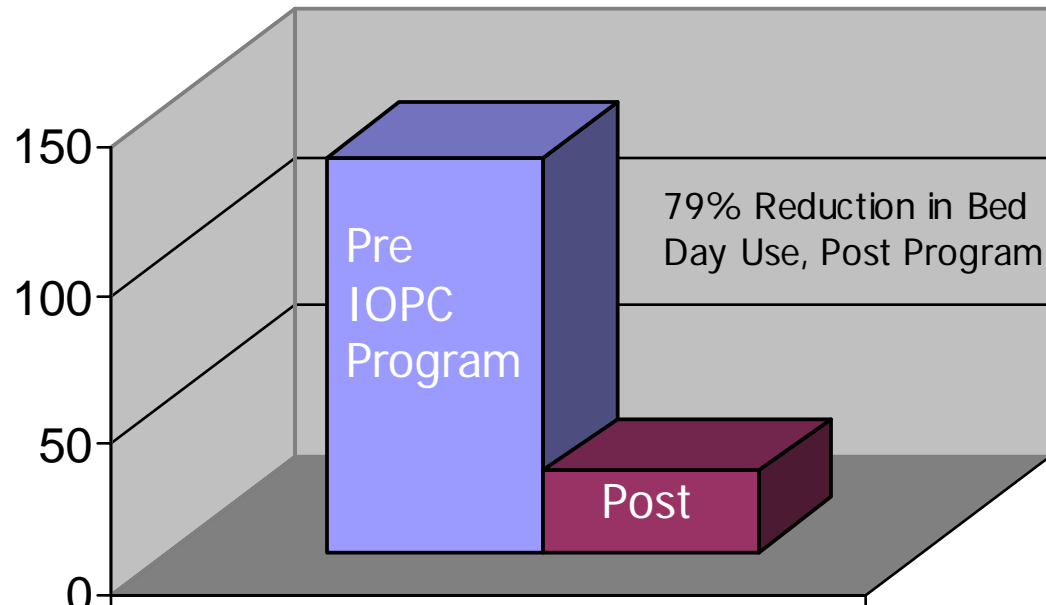
The Pre-Trial Services Program

- The program obtains release from jail through a mental health bond (which can be obtained without cost to the consumer) and provides referral with transportation from the jail to designated treatment facilities.
- Match daily arrest activity with follow-up.

Involuntary Outpatient Commitment Program

First Year
Evaluation

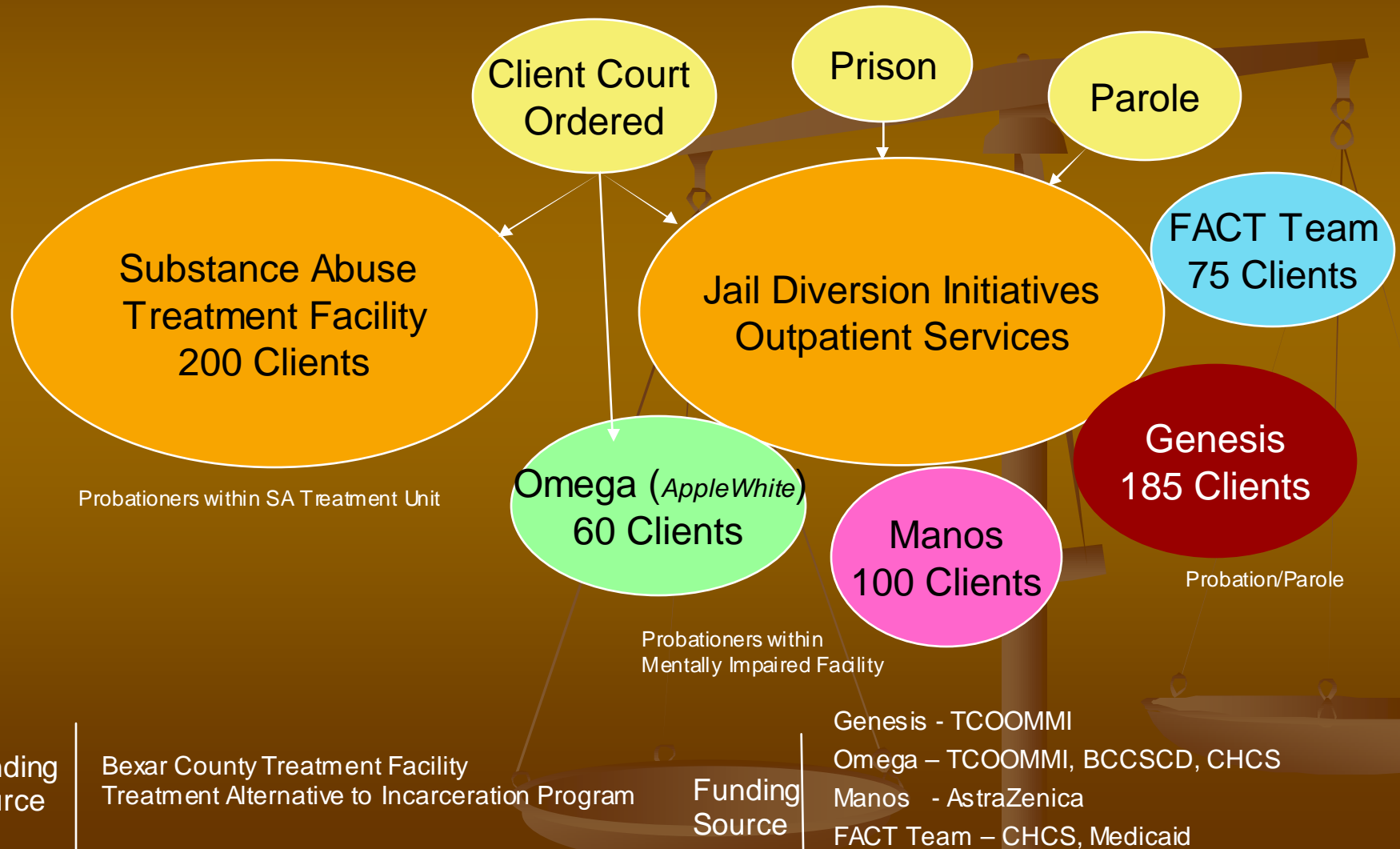
Bed Days
Used



State Hospital Bed Day Utilization
Rate

■ 1 Yr Prior	132
■ 1 Yr Post	27

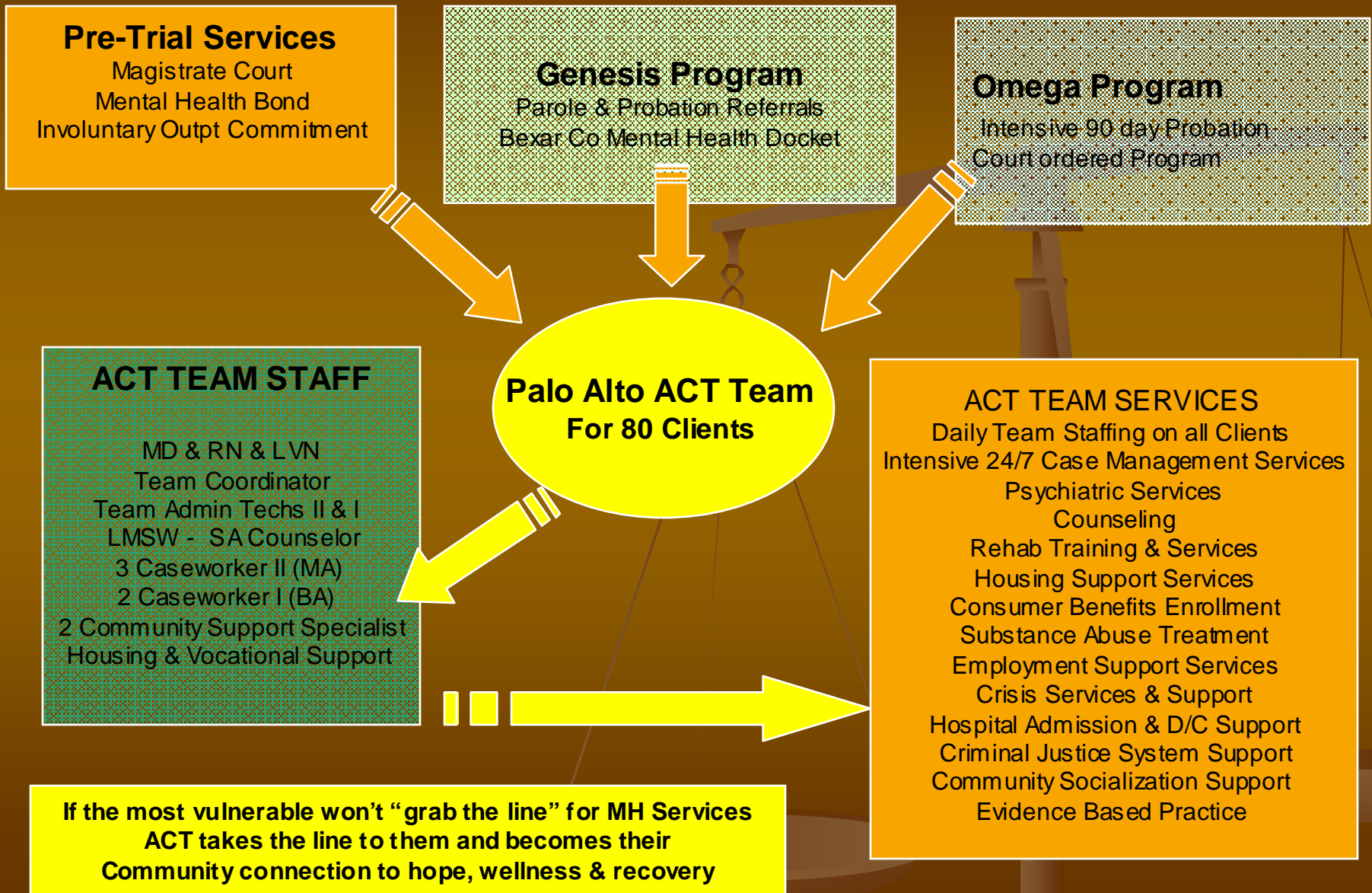
POST DIVERSION CLINICAL EXPANSION Palo Alto Combined Substance Abuse and MH Services



Mentally Ill Offenders Program (MIOF) – Jail Step Down

- Face to Face Screening/Assessment/Intake
- 90 day Residential Treatment Program
- Psychiatric Evaluation and Psychiatric Medication Management
- Labwork/Urinalysis
- Individual and Group Psychosocial Rehabilitation Training
- Case Management/Discharge Planning with outpatient Jail Diversion Programs

Jail Diversion Initiative/ ACT Assertive Community Treatment Team

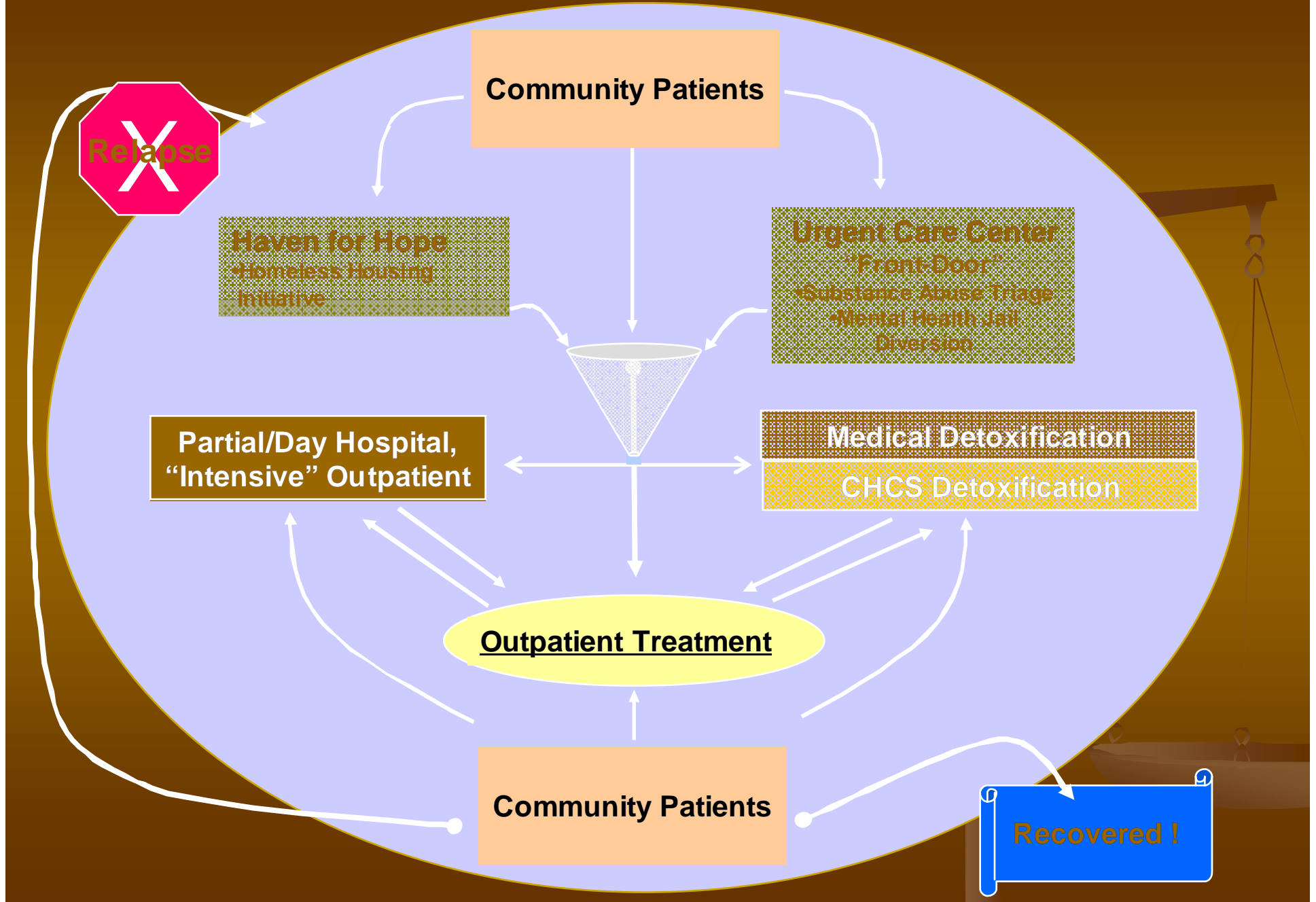


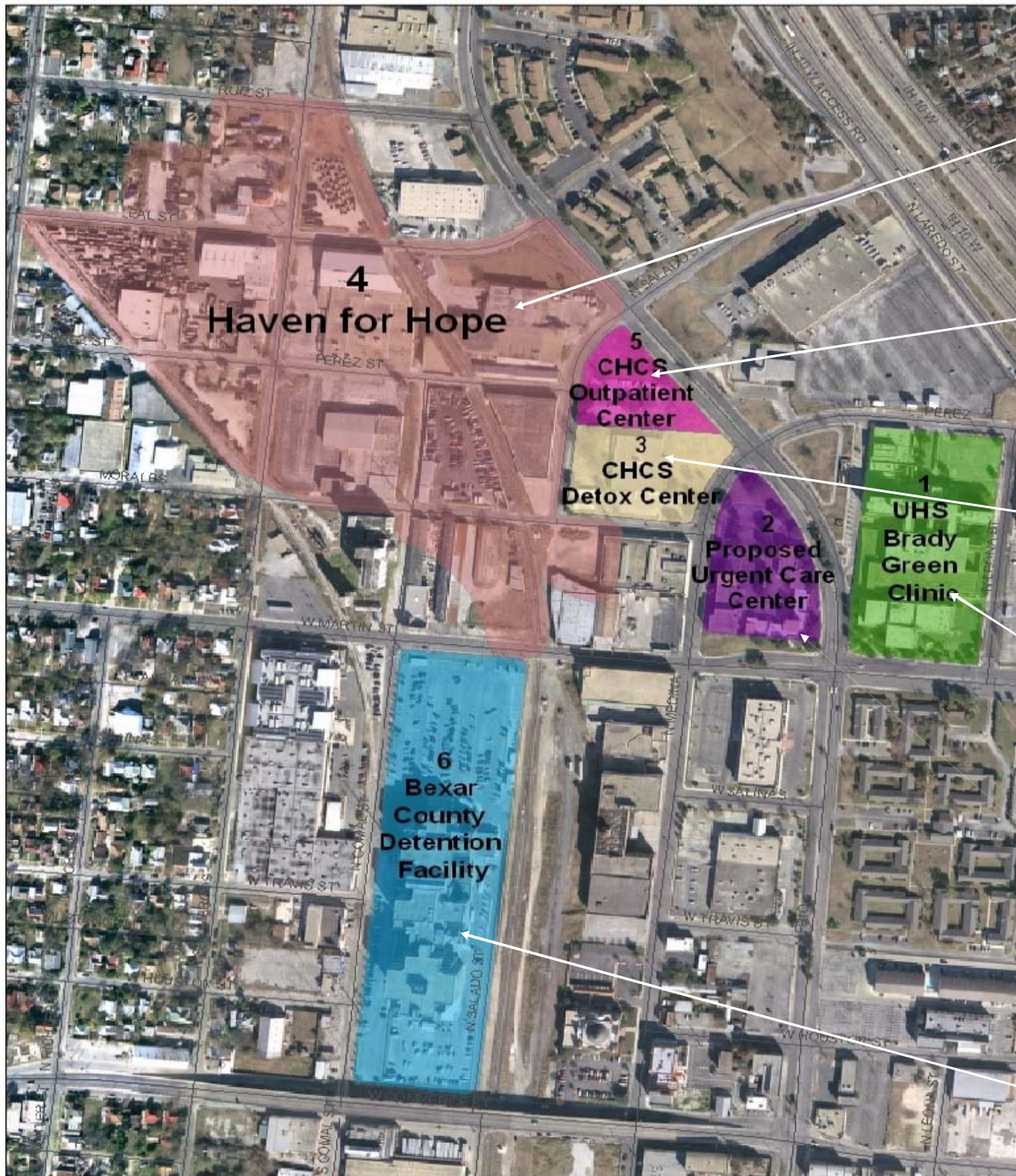
The Future.....

Substance Abuse Services - Detox



Substance Abuse System of Care





600 Bed Homeless Residential Facility (4)

CHCS Substance Abuse Outpatient Services (5)

CHCS Detox Center (3)

Community Medical Clinic (1)

CHCS Urgent Care Center (2)

Emergency Psychiatric Screening

County Jail (6)

Accomplishments

Working As a Collaborative

- Received the American Psychiatric “Gold Award” for Community Program Innovation
- Received the National Council for Community Behavioral Healthcare Directors “Service Excellence Award”
- Visited by 17 State Delegations and two Countries (Canada and the Republic of China)
- Continue to produce Publications, Articles and News Releases
- Children's Judges Diversion Initiative
- Continued Health and Behavioral Health Integration
- Six Year Cost Benefit Study nearing completion
- Substance Abuse Detox Services Expansion for Community and 600 Bed Homeless Facility
- Deputy Mobile Outreach Team established
- Jail Diversion Planning Advisory Committee, Bexar County JD Model approved
- Mental Health Docket Re-designed
- Medical Directors Roundtable Committee Established
- 78th Legislature enacts Jail Diversion Law
- Law Enforcement Partnership/CIT Training
- Crisis Care Center -Psychiatric Screening/Medical Clearance 24/7 Established

The End Result



- Comprehensive service for most in need
- Increased availability of comprehensive substance abuse services
- Reduced barriers to service access and increase motivation with treatment compliance
- Employ evidence based practices known to be effective
- Utilize system tracking and outcome based effective treatment



Thank you !



www.chcsbc.org

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